## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report file	d on 11 05 2015
Full Name of Payee AMERICAN ACTION NEWS, LLC	Date of Public Distribution/Dissemination
· ·	11 03 2015
Mailing Address 203 S. UNION ST, STE 300	Amount
City State Zip Code	1432.00
ALEXANDRIA VA 22314	Transaction ID : SE24.11720 Date of Disbursement or Obligation
Purpose of Expenditure NOVEMBER MONTHLY ONLINE ADVERTISING FEES  Category/ Type	11
Name of Federal Candidate Support Offic	ce Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disk 2016	oursement For: Primary General  Other (specify)
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
	11 03 2015
Mailing Address 117 N. SAINT ASAPH ST	Amount
City State Zip Code	6268.80
ALEXANDRIA VA 22314	Transaction ID : SE24.11715  Date of Disbursement or Obligation
Purpose of Expenditure NOVEMBER MONTHLY LIST RENTAL FEES  Category/ Type	11 01 2015
	ce Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	7700.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	